IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

In the Guardianship of:)	Case No.:		
))))	ORDER FOR WITHDRAWAL FROM BLOCKED ACCOUNT [] ORDER TERMINATING GUARDIANSHIP (CLERK'S ACTION REQUIRED)		
The Peti	tion for Withdrawal from Blocked A	Accoi	ant having come before the Court and the Court		
having reviewed the file and records and finding good cause,					
I	T IS HEREBY ORDERED:				
A	Ba	ınk/F	inancial Institution is authorized and directed		
regardin	g from account #		_;		
	disburse the sum of \$				
[] the	entire balance OR				
[] to 1	transfer control and possession of the	e acc	ount		
to	(na	те о	f person to receive funds or account) for the		
purpose stated in the Petition for Authorizing Withdrawal from Blocked Financial Account.					
B. The	funds				
[] sha	all not be repaid OR				
[] sha	all be repaid as set forth in the Petitic	on.			
Blocked	or Withdrawal from Account-Page 1 aardianship Forms				

C.	The person receiving the funds shall file receipts for the expenditures within 30 days.					
D.	The Court Clerk shall issue a certified copy of this order upon payment of the fee.					
E.	This distribution					
[] does OR					
[] does not					
ter	minate the Guardianship and/or this case fi	le.				
F.	This matter is set for hearing at: Location	of court:	At			
	(time) on the day of		_, 200, for the			
Gu	ardian, Guardian ad Litem, Attorneys and	parties to appear and present re	eceipts for			
exp	penditures or transfers of the assets, if they	have not already filed them.				
G.	F. [] This Petition is denied without prejudice because the Petition does not have an					
[] inventory,					
[] report and accounting, OR					
[] financial statement attached.					
Αı	new Petition may be filed when all docume	ents are complete and attached.				
H.	[] The Petition is denied with prejudice	e, because:				
DA	TED AND SIGNED IN OPEN COURT THIS	DAY OF	, 200			
	Judge	Court Commissioner				
Pre	sented by:					
-	Signature of Guardian/Attorney	Printed Name of Guardian/Attorney	y, WSBA/CPG#			
_						
	Address	Telephone/Fax Number	_			
-	City, State, Zip Code	Email Address				

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